City of San Antonio
Neighborhood Services Department

APPLICATION FOR EMERGENCY
HOUSING REPAIR PROGRAM

PROGRAM ELIGIBILITY REQUIREMENTS

Applicant Must:

- ❑ Housing unit must be owner occupied (No Rental Units)
- ❑ Provide valid picture identification and/or driver's license
- ❑ Be a US citizen and/or Legal Resident Alien
- ❑ Must be over age 57 and/or disabled (physically or mentally)
- ❑ Meet HUD established Income Guidelines which cannot exceed 30% of the Area Median Income (AMI) as follows:

Family Size (Annual Income at 30% of AMI):

1	2	3	4	5
$11,151	$12,744	$14,337	$15,930	$17,204

Property Must be:

- ❑ Located within the San Antonio City Limits
- ❑ Designated a homestead with the Bexar County Appraisal District

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APPLICATION CHECKLIST

A complete application **MUST** contain the following information:

- ❑ Application for Emergency Housing Repair Program (completed and signed)
- ❑ Warranty Deed or Payment Book from Mortgage Company
- ❑ Current Picture ID or Driver's License
- ❑ Verification of Income along with copies of last two (2) pay stubs for all individuals in household
  - o If self-employed, complete copy of Income Tax Return for past two years
- ❑ Copy of all public assistance or retirement checks (Social Security, Civil Service, etc.) or the Award Letter from the supportive Agency stating the current amount being received

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ADDITIONAL PROGRAM REQUIREMENTS

- ❑ Maximum assistance for emergency repairs is $4,500
- ❑ Funds for repairs are grants, however, owner will be required to cccupy property for five years from assistance

FOR QUESTIONS REGARDING PROGRAM, PLEASE CONTACT DORA LOZANO AT 210-207-5406.

City of San Antonio
Neighborhood Servies Department
(210) 207-7881

APPLICATION FOR EMERGENCY
HOUSING REPAIR PROGRAM

DATE OF APPLICATION _____

REFFERED BY _____

FOR OFFICE USE ONLY

Census Tract: _____

Precinct: _____

Council District: _____

APPLICANT'S NAME	DATE OF BIRTH	CO-APPLICANT	DATE OF BIRTH
SOCIAL SECURITY NUMBER	HOME PHONE	SOCIAL SECURITY NUMBER	
ADDRESS (Number, Street, Zip)		NAME & PHONE NO. OF RELATIVE	WORK PHONE
DRIVER'S LICENSE/ID NUMBER		DRIVER'S LICENSE/ID NUMBER	
DO YOU OWN YOUR HOME? _____ DO YOU PAY A MORTGAGE ON YOUR HOME?		NAME, ADDRESS OF NOTEHOLDER	
NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	

TOTAL GROSS MONTHLY INCOME

SOURCE	APPLICANT	SPOUSE	TOTAL	*Describe "Other" income and provide the recipient's name, the source of the money, and the monthly amount received.
Employment	$_____	$_____	$_____	_____
Social Security	$_____	$_____	$_____	_____
Retirement	$_____	$_____	$_____	
VA, Civil	$_____	$_____	$_____	
Service	$_____	$_____	$_____	
OTHER *	$_____	$_____	$_____	
TOTAL INCOME	$_____	$_____	$_____	

HOW MANY MEMBERS LIVE IN THE HOME? _____

PLEASE PROVIDE THE NAMES AND AGES OF ALL MEMBERS OF THE HOUSEHOLD.
INCLUDE INCOME FOR ALL MEMBERS IN YOUR HOUSEHOLD OVER EIGHTEEN (18) YEARS
OF AGE.

NAME	AGE	RELATIONSHIP	GROSS MONTHLY INCOME

PLEASE CHECK THE EMERGENCY REPAIRS REQUESTING:

☐ PLUMBING   ☐ ROOF   ☐ ELECTRICAL   ☐ HEATING

☐ GAS   ☐ EXTERIOR REPAIRS   ☐ OTHER

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES: The information
concerning Minority Group Category is requested for statistical purposes so the Agency may
determine the degree to which its programs are being utilized by Minority Families and has no
bearing on the acceptance of this application. **IF SUCH INFORMATION IS NOT PROVIDED, THE
AGENCY IS REQUIRED TO NOTE RACE/NATIONAL ORIGIN AND SEX ON THE BASIS OF
SIGHT AND/OR SURNAME.**

RACE: ☐ WHITE   ☐ AFRICAN AMERICAN   ☐ HISPANIC
             ☐ AMERICAN INDIAN   ☐ ASIAN   ☐ OTHER _____

ARE YOU A U.S. CITIZEN?   YES ☐   NO ☐
ARE YOU A PERMANENT RESIDENT ALIEN? YES ☐   NO ☐

APPLICANT'S CERTIFICATIONS

The applicant certifies that all information given and furnished in this application is given for the
purposes of obtaining emergency home repair assistance. The applicant also certifies that all
information is true and correct to the best of the applicant's knowledge and belief. The applicant
authorizes the City of San Antonio or its designated agents to contact any source to solicit and/or
verify information necessary for any eligibility determination for the purpose of the Emergency
Home Repair Program. The applicant certifies that he/she are the owner-occupant of the property
to be repaired and that the property is his/her principal residence. I understand that any
discrepancy or omission in the information provided may disqualify me from participation in the
Emergency Home Repair Program.

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APPLICANT'S SIGNATURE   DATE   CO-APPLICANT'S SIGNATURE   DATE